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JUL 6 2004

FEE TRANSMITTAL

GROUP 3600**BOX PATENT APPLICATION**

Complete If Known

Application No.		09/761,763	
Filing Date		01/18/01	
First Named Inventor		Kevin M. Sullivan	
Examiner Name		D. Champagne	
Group Art Unit		3622	
Total Amount Of Payment (\$)		180.00	
Attorney Docket No.		47004.000086	

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206**.

2. ☒ Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

FEE CALCULATION

1. **BASIC FILING FEE** ☐ Large Entity ☐ Small Entity

FEE PAID

Utility Filing Fee	\$
Design Filing Fee	\$
Plant Filing Fee	\$
Reissue Filing Fee	\$
Provisional Filing Fee	\$

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input type="checkbox"/> One Month Extension of Time	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input checked="" type="checkbox"/> Submission of Information Disclosure Statement	\$ 180.00
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input type="checkbox"/> Other (specify) _____	\$

2. EXTRA CLAIMS FEES**CLAIMS AS AMENDED**

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS				x \$ 18.00	x \$ 9.00	\$
INDEPENDENT CLAIMS				x \$ 86.00	x \$ 43.00	\$
MULTIPLE DEPENDENT CLAIMS				\$ 280.00	\$ 0.00	\$
TOTAL EXTRA CLAIMS FEES						\$

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Tyler Maddy

Registration No. 40,074

Signature

Tyler Maddy

Date

June 25, 2004